



CITY OF LODI

COUNCIL COMMUNICATION

AGENDA TITLE: Communications
Alcoholic Beverage Control License Applications

MEETING DATE: January 20, 1999

PREPARED BY: City Clerk

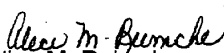
RECOMMENDED ACTION: No action - information only.

BACKGROUND INFORMATION: A copy of an application for Alcoholic Beverage Control License has been received from the State of California Department of Alcoholic Beverage Control for the following:

- a) Lyon's Restaurants, Inc., Lyon's Restaurant, 233 South School Street, Lodi, On-Sale General Eating Place, Reduced Fee Transfer. **This is zoned C-2, General Commercial.**

The zoning for this license is appropriate for this type of business.

FUNDING: None required.


Alice M. Reimche
City Clerk

Attachment

APPROVED: _____

H. Dixon Flynn -- City Manager



DROPPING PARTNER

YES _____ NO ☒RECEIVED
Time _____

APPLICATION FOR ALCOHOL BEVERAGE LICENSE(S)

DEC 15 1998

TO:

Department of Alcoholic Beverage Control
31 East Channel Street, Room 168
P.O. Drawer 150
Stockton, CA 95201
(209) 948-7739

File Number.....**349184**
Receipt Number.....**1213545**
Geographical Code.....**3902**
Copies Mailed Date.....~~DEC~~ **12/11/98**
Issued Date

Alice M. Reimche
City Clerk
City of Lodi

DISTRICT SERVING LOCATION:

STOCKTON

Name of Business:

LYONS RESTAURANTS

Location of Business:

Number and Street
City, State Zip Code
County

233 S SCHOOL ST
LODI CA 95240
SAN JOAQUIN

Is premise inside city limits?

Mailing Address:

(If different from
premise address)

9255 TOWNE CENTRE DR STE 600
SAN DIEGO CA 92121

If premise licensed:

Type of license

47

Transferor's names/license:

LYONS RESTAURANTS INC 228382

License Type	Transaction Type	Fee Type	Master	Dup	Date	Fee
1. 47 ON-SALE GENERAL EA REDUCED FEE TRANSFER	P40	YES	0	DEC 02,1998	\$50.00	:
TOTAL						\$50.00

Have you ever been convicted of a felony? **NO** Have you ever violated any provisions of the Alcoholic Beverage Control Act, or regulations of the Department pertaining to the Act? **NO**

Explain any "Yes" answer to the above questions on an attachment which shall be deemed part of this application.

Applicant agrees (a) that any manager employed in on-sale licensed premise will have all the qualifications of a licensee, and (b) that he will not violate or cause or permit to be violated any of the provisions of the Alcoholic Beverage Control Act.

STATE OF CALIFORNIA

County of **SAN JOAQUIN**Date **DEC 02,1998**

Under penalty of perjury, each person whose signature appears below, certifies and says: (1) He is an applicant, or one of the applicants, or an executive officer of the applicant corporation, named in the foregoing application, duly authorized to make this application on its behalf; (2) that he has read the foregoing and knows the contents thereof and that each of the above statements therein made are true; (3) that no person other than the applicant or applicants has any direct or indirect interest in the applicant or applicant's business to be conducted under the license(s) for which this application is made; (4) that the transfer application or proposed transfer is not made to satisfy the payment of a loan or to fulfill an agreement entered into more than ninety (90) days preceding the day on which the transfer application is filled with the Department or to gain or establish a preference to or for any creditor or transferor or to defraud or injure any creditor of transferor; (5) that the transfer application may be withdrawn by either the applicant or the licensee with no resulting liability to the Department.

Applicant Name(s)

Applicant Signature(s)

LYONS OF CALIFORNIA INC**(SEE ATTACHED ABC-211 SIG)****P-12 SAN FRANCISCO DO**